

IN PATIENT SUMMARY BILL

UHID	: MH51603	Bill No	: MMH/MH/IP202400963
IP No	: IP2024000982	Bill Date	: 05/05/2024
Patient name	: Mr.PONNUDURAI P	DOA	: 29/4/2024 1:06PM
Age	: 70 Y 0 M 7 D/Male	DOD	:
		Entity Type	: Insurance
		Entity Name	: THE NEW INDIA ASSURANCE CO.
Consultant Name	: Dr.VIGNESH .M	TPA	: VIDAL HEALTH INSURANCE TPA PRIVATE LTD

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 350.00
2	BED CHARGES	₹ 17,325.00
3	DIET CHARGES	₹ 2,500.00
4	DUTY MEDICAL OFFICER CHARGE	₹ 2,625.00
5	EQUIPMENT	₹ 1,600.00
6	LABORATORY	₹ 23,810.00
7	NURSING CHARGE	₹ 2,800.00
8	OTHER ADDITION	₹ 3,756.00
9	PHARMACY CHARGE	₹ 20,575.00
10	PROFESSIONAL TEAM FEES	₹ 17,050.00
11	RADIOLOGY	₹ 36,480.00
12	TRANSPORT	₹ 2,000.00
Gross Amount		₹ 130,871.00
Sanction Amount		₹ 100,571.00
Net Payable		₹ 130,871.00
Advance Amount		₹ 36,300.00
Received Amount		₹ 0.00
Refund Amount		₹ 6,000.00

Received Amount in Words : Thirty-Six Thousand Three Hundred Only

KARTHICK  
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	29/04/2024	MMH/MH/RECH2024015	CARD	Advance Amount	3,000.00
2	02/05/2024	MMH/MH/RECH2024016	CARD	Advance Amount	32,300.00
3	02/05/2024	MMH/MH/RECH2024016	CASH	Advance Amount	1,000.00

Medical Claim	Claim No	Sanction Amount
THE NEW INDIA ASSURANCE CO. LTD	BLR-0424-PA-0009160	100,571.00